

DOTD REQUEST FOR TEMPORARY HELP

FAX to: HQ Human Resources (225) 379-1856

Date: _____

Dist/Sect No.: _____ Gang No.: _____ Position No.: _____

CS Job Title: _____

Westaff Job Title: _____

Duties: _____

Justification: _____

Funding Codes:

FUND	APPN	DIST/ SECT	PARISH NO.	SYS CODE	PROJECT NO.	FUNCTION (ACCOUNT)	OBJECT
							139

Requested Dates: Start: _____ End: _____ Estimated Total # of Hours: _____

Work Days: _____

Work Hours: Start: _____ AM/PM (circle one) End: _____ AM/PM (circle one)

Work Site: Phone #: () _____

Supervisor: _____

(PRINT NAME OF SUPERVISOR WHO WILL SIGN TIME CARD; SUPPLY ALTERNATE NAME ALSO)

Physical Address: _____

APPROVALS: _____ (Appointing Authority)

_____ (Asst. Secretary or Chief Engineer)

_____ (Undersecretary)